

STANDARD CERTIFICATE OF DEATH

State File No. **40384**

39 **FILED JAN 2 1950**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **2032**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hosp.		d. STREET ADDRESS (If rural, give location) 636 South	
3. NAME OF DECEASED (Type or Print) a. (First) Grace		b. (Middle) _____ c. (Last) Massey	
4. DATE OF DEATH Dec. 22, 1950			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 7 1869
9. AGE (In years last birthday) 81		10. MONTHS 1 DAYS 1 HOURS 1 MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired American Red Cross		11. BIRTHPLACE (State or foreign country) Indianapolis, Ind./	
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Joshua K. Speer		13b. MOTHER'S MAIDEN NAME Elizabeth J. Dishongh	
14. NAME OF HUSBAND OR WIFE X			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME American Red Cross Spfld, Mo.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Glomerular Nephrosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 519X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 12:30 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from August 6, 1949 , to Dec. 21, 1950 , that I last saw the deceased alive on Dec. 21, 1950 , and that death occurred at 6:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE Paul C. Martin		23b. ADDRESS 1620 N. Jefferson Ave. Springfield, Mo.	
23c. DATE SIGNED 12-22-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/23/50	
24c. NAME OF CEMETERY OR CREMATORY Hazelwood		24d. LOCATION (City, town, or county) (State) Springfield, Mo.	
DATE REC'D BY LOCAL REG. 12-26-50		REGISTRAR'S SIGNATURE W.E. Handley	
25. FUNERAL DIRECTOR'S SIGNATURE H.H. Lohmeyer		ADDRESS Springfield, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

W. H. Mc Cormick

Signed.....
Student Embalmer

Licensed Embalmer No. *2727*

P. O. Address *Springfield Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.